PTO/SB/17 (12-04v2)

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Eees oursuant to the Consolidate		Complete if Known					
FEE TRANSMITTAL			Application Nur	Application Number 10/082,833			
· - · - · - - · · · - · - · - ·			Filing Date	02/	02/25/2002		
For FY 2005			First Named Inv	ventor Gra	Graves et al.		
Applicant claims small e	Examiner Name	e Pa	Pak, S.H.				
			Art Unit	28	74		
TOTAL AMOUNT OF PAYM	IENT (\$)	620.00	Attomey Docke	t No. PO	0079US	S2A	
METHOD OF PAYMENT (check all that apply)							
Check ✓ Credit Card Money Order Other (please identify):							
Deposit Account Deposit Account Number: 02-2051 Deposit Account Name: Benesch, Friedlander							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
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under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEAR							
	FILING FE Sm	EES SEA <u>Iall Entity</u>	ARCH FEES Small Entity	EXAMIN	MINATION FEES Small Entity		
Application Type		Fee (\$) Fee		Fee (\$)			Fees Paid (\$)
Utility	300	150 500	250	200	100	1	
Design	200	100 100	50	130	65		
Plant	200	100 300	150	160	80	1	
Reissue	300	150 500	250	600	300	1	-
Provisional		100	0	0.	0	•	
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues) Multiple dependent claims						200 860	100 180
Total Claims Extra Claims Fee (\$) Fee Pair					_		endent Claims
20 or HP =		x=				e (\$)	Fee Paid (\$)
HP = highest number of total of Indep. Claims	claims paid for, Extra Claims		ee Paid (\$)				
3 or HP =		_x=					
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CF	R 1.52(e)), t	the application size	fee due is \$250 (\$125 for sn	nall ent	ity) for ea	ch additional 50
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other (e.g., late filing	surcharge):	Notice of Appeal + 1-	Month Extension of	Time Reque	est		620.00
SUBMITTED BY	70-7						
						Telephone ((216) 363-4453
Name (Print/Type) Gregory S	Kolosouris					Date 06/07	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

THING SURE SOLL

Date

June 7, 2005

PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE <u>1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.</u> Application Number 10/082,833 TRANSMITTAL Filing Date 02/25/2002 First Named Inventor **FORM** GRAVES, A. et al. Art Unit 2874 **Examiner Name** PAK, S.H. (to be used for all correspondence after initial filing) Attorney Docket Number P00079US2A Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC ✓ Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC Petition Amendment/Reply (Appeal Notice, Brief, Reply Brief) Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer **Extension of Time Request** below): Return Receipt Postcard Request for Refund **Express Abandonment Request** CD, Number of CD(s)_ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Fee Attached = PTO 2038 Reply to Missing Parts/ Extension of Time Request = 1 Month Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Benesch Friedlander Coplan & Aronoff, LLP Signature Printed name Gregory S. Kolocouris

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Christina R. Correll Date June 7, 2005

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47,714

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